

PLEASE  
PRINT  
PLAINLY

Artist Sara Mattsson Anliot

Shipping Address **Same**

Tel. FA.1-8625

NO

STREET

CITY

COUNTY

(If shipment is required)

NUMBER FOR  
SALE

NUMBER IN  
EDITION  
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN  
THESE COLUMNS

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 19, 1962.**

Use second blank if required


Permission to print prices on labels granted unless declined here.

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

printed 

SIGNATURE